



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/051,141
Applicants : Ralph L. Brooker
Scott H. Walker
Charles L. Lipkin
David H. Johnson
Filed : January 22, 2002
Title : Self-Pointing Antenna Scanning
TC/A.U. : 2821
Examiner : Hoangahn T. Le
Docket No. : 47176-00621
Customer No. : 30223

Commissioner for Patents
Mail Stop RCE
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, service under 37 C.F.R. 1.10, postage prepaid, in an envelope addressed to the Commissioner for Patents, Mail Stop RCE, P.O. Box 1450, Alexandria, VA, 22313-1450, on September 20, 2004.

Signature:

Christine Koziol

AMENDMENT

Dear Sir:

This is in response to the Office Action dated June 18, 2004. The shortened statutory period for response is three months from the mailing date, i.e., by September 18, 2004, and this response is being filed within the three month time period. Please enter the following amendments and remarks into the record for this application.

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 12 of this paper.



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AMENDMENT TRANSMITTAL

Dear Sir:

Transmitted herewith is an "Amendment" for this application.

The Applicants are other than a small entity.

The proceedings herein are for a patent application, and the provisions of 37 C.F.R. § 1.136 apply.

The Applicants believe that no extension of time is required. This conditional petition is being made, however, to provide for the possibility that the Applicants have inadvertently overlooked the need for a petition for extension of time.

The fee for claims (37 C.F.R. § 1.16(b)-(d)) has been calculated as shown below.

	Claims Remaining	Highest No. Paid For	Extra	Small Entity	Large Entity
Total	54	46	8 x	\$ 9 = \$	\$ 18 = \$ 144.00
Independent	9	7	2 x	\$ 43 = \$	\$ 86 = \$ 172.00
Multiple Dependent Claim Presented				\$ 145 = \$	\$ 290 = \$ 0
TOTAL ADDITIONAL FEE					\$ 316.00

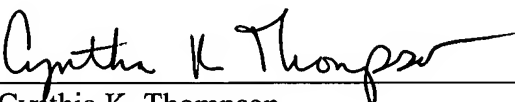
There is no additional fee for claims.

Enclosed is Check No. 180503 in the amount of \$316.00 to cover the extra claim fee.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 10-0447 (47176-00621). A duplicate copy of this Transmittal is enclosed for that purpose.

Respectfully submitted,

Date: September 20, 2004


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